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**PURCHASER SURVIVOR AUTHORIZATION FORM**

**GET Account Number:** \_\_\_\_\_

**Purchaser:** \_\_\_\_\_

**Student:** \_\_\_\_\_

In the event of my death, I appoint the following person as the party to whom I desire to transfer my rights and responsibilities as *Purchaser* under my Guaranteed Education Tuition contract «contract»:

**Purchaser Survivor Information**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Street Address / Apt Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

**Purchaser Information**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Street Address / Apt Number \_\_\_\_\_

Post Office Box Number \_\_\_\_\_

City / State / Zip Code \_\_\_\_\_

**Purchaser's Signature / Date**

**Please send this signed form to:** GET, PO BOX 43450, OLYMPIA WA 98504-3450  
*Thank you!*

**Committee Members**

**Marcus S. Gaspard, Chair**  
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